



Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

2014 • SUMMER CAMP WOODTRAIL REGISTRATION FORM

Please fill out each line on form (If not applicable, place an N/A)

To register, all three parts below must be submitted at the same time.

- ☐ **Registration Form** completely filled out on **both sides** • **(ALL LINES ARE MANDATORY)**
☐ **Most Recent** (w/in 2 years of your child's last day of camp.) Physical Printout from Doctor including **Current** Certificate of Immunizations
☐ **Full Payment**

Name: _____ Date of Birth: ____/____/____
 Last First Middle Initial

Grade Entering in the Fall _____ School _____ Age (as of 7/14) _____ M ☐ F ☐

Address: _____
 Street Town State & Zip Area Code HOME Telephone

E-mail Address: _____

Parent/Guardian:

(Mother) Last First Area Code WORK Phone Area Code CELL Phone
 (Father) Last First Area Code WORK Phone Area Code CELL Phone

Please indicate a calling order by numbering 1 - 4 in the boxes next to the contact name.

Brothers & Sisters Names & Ages: _____

Emergency Contacts • Other Than Parent (State regulations mandate 2 contacts)

1) Name: _____ Relationship: _____
 Telephone #: (____) _____
 2) Name: _____ Relationship: _____
 Telephone #: (____) _____

Session(s) Desired • (Please Check All That Apply)

Session 1 • July 7 - 18	Session 2 • July 21 - August 1	Session 3 • August 4 - August 15	TOTAL COST
<input type="checkbox"/> Day Camp \$390 (10 Days) Admission & bus costs for field trips are included	<input type="checkbox"/> Day Camp \$390 (10 Days) Admission & bus costs for field trips are included	<input type="checkbox"/> Day Camp \$390 (10 Days) Admission & bus costs for field trips are included	Total/Session 1 - 3 Total \$ _____
AM Extended Day \$10 per Day or \$80 per Session Wk 1: M <input type="checkbox"/> N/A <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	AM Extended Day \$10 per Day or \$80 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	AM Extended Day \$10 per Day or \$80 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	AM Extended Day Total/Session 1 - 3 _____ Days x \$10 Total \$ _____
PM Extended Day \$18 per Day or \$144 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	PM Extended Day \$18 per Day or \$144 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	PM Extended Day \$18 per Day or \$144 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> N/A	PM Extended Day Total/Session 1 - 3 _____ Days x \$18 Total \$ _____

Optional donation for financial aid for the disabled and financially needy of \$1.00 \$ _____

Non-Residents Add \$20/session \$ _____

Make Checks Payable to:

TOWN OF NATICK

Total Cost \$ _____

A \$25.00 fee will be charged for all returned checks



CVC Code # _____ Expiration Date ____/____/____

MC/Visa/ Discover

(Far right 3-Digit #'s from back of card)

SIGNATURE _____ DATE ____/____/____

Swimming

A swim test will take place for swimming.

Photographs/Publicity

Please note that photos of your child may be used for various publicity medias.

Insurance Information

Health Plan/HMO: _____

Policy or Group #: _____

Allergies/Medical Conditions: _____

Immunizations

Please note that all campers will need an up-to-date list of immunizations, along with their most recent physical (within 2 years of your child's last day at camp.) A booster dose of Td/Tdap is required for *all campers entering grades seven through ten* if it has been more than 5 years since the last dose.**

Behavioral Concerns

Are there any Behaviors/Accommodations/Modifications/Diagnosis we need to be aware of? ☐ No ☐ Yes**If yes, we will call you.

If medications need to be given during camp hours

IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED NO LATER THAN MAY 13

Please check here if your child will need medication(s) to be administered at Camp ☐

Name of Medications: _____

Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature _____ Date _____
(If under 18, parent or guardian)